

# *State of Tennessee*



## *Department of State*

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THE INFORMATION REQUESTED BELOW IS FOR MONITORING PURPOSES ONLY, COMPLETION IS VOLUNTARY.

RACE      A. ☐ White      B. ☐ Black      C. ☐ Hispanic      D. ☐ Asian  
             E. ☐ American Indian or Alaskan Native      F. ☐ Other

SEX      A. ☐ Male      B. ☐ Female

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